



**During the consultation, did you discuss about :**

	Yes	No
Adherence to treatment .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Dietary .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Physical activity .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Tobacco.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Clinical alarm signs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Others :

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